

Arkansas Education Service Cooperative

Personal Professional Development Record

6/1/10 - 5/31/11

PHYLLIS BROOKS

CITY SCHOOL DISTRICT, STEWART ELEMENTARY SCHOOL

TEACHER

HRS-HOURS

Date	Event Title	Credit Earned
06/02/2010	AFTER SCHOOL MATH MEETINGS	2.0
06/24/2010	HIGH YIELDING STRATEGIES	6.0
07/13/2010	COMPUTER TRAINING	6.0
07/13/2010	POWERPOINT FOR TEACHERS/TECHNOLOGY PROFESSIONAL DEVELOPMENT	6.0
08/13/2010	TECHNOLOGY BRIEFING	3.0
08/16/2010	BUILDING LEVEL PROFESSIONAL DEVELOPMENT	6.0
08/17/2010	OPEN HOUSE	2.0
08/18/2010	ACT 1185 OF 2005	6.0
09/22/2010	DRA	1.0
10/12/2010	STAFF DEVELOPMENT HOURS	8.0
10/19/2010	BUILDING MEETING	1.0
11/08/2010	AIP/IRI PORTAL	1.0
		48.0
Total Credit Earned:		48.0

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2009 - 05/31/2010

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

Credit Area Summary from June 01, 2009 to May 31, 2010		Total
Advanced Placement		0.00
Anti-Bullying		0.00
Arkansas History		0.00
Arkansas Scholarship Lottery		0.00
Child Maltreatment		0.00
Data Disaggregation		0.00
Diversity		0.00
Dyslexia		0.00
Educational Technology		0.00
Ethics		0.00
Fiscal Management		0.00
Health/Physical Activities		0.00
Instructional Leadership		0.00
Lottery		0.00
Parent Involvement		0.00
Teen Suicide Prevention		0.00

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2009 - 05/31/2010

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

HRS-HOURS

Date	Event Title	Credit Earned
08/11/2009	EXPANDING THE REACH - VOCABULARY TEACHING SBE Area: Instructional Strategies	6.00
		6.00
Total Credit Earned:		6.00

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2008 - 05/31/2009

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

HRS-HOURS		
Date	Event Title	Credit Earned
07/17/2008	GREC- CLASSROOM MANAGEMENT: CLEARING MUDDY WATERS K-6 SBE Area: Classroom Management, Instructional Leadership, Instructional Strategies Credit Area: Instructional Leadership (6)	6.00
07/18/2008	GREC- CLASSROOM MANAGEMENT: CLEARING MUDDY WATERS 7-12 SBE Area: Building a Collaborative Learning Community, Instructional Leadership, Instructional Strategies Credit Area: Instructional Leadership (6)	6.00
		12.00
Total Credit Earned:		12.00

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2008 - 05/31/2009

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

Credit Area Summary from June 01, 2008 to May 31, 2009		Total
Advanced Placement		0.00
Anti-Bullying		0.00
Arkansas History		0.00
Arkansas Scholarship Lottery		0.00
Child Maltreatment		0.00
Data Disaggregation		0.00
Diversity		0.00
Dyslexia		0.00
Educational Technology		0.00
Ethics		0.00
Fiscal Management		0.00
Health/Physical Activities		0.00
Instructional Leadership ✓		12.00
Lottery		0.00
Parent Involvement		0.00
Teen Suicide Prevention		0.00

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2007 - 05/31/2008

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

Credit Area Summary from June 01, 2007 to May 31, 2008		Total
Advanced Placement		0.00
Anti-Bullying		0.00
Arkansas History		0.00
Arkansas Scholarship Lottery		0.00
Child Maltreatment		0.00
Data Disaggregation		0.00
Diversity		0.00
Dyslexia		0.00
Educational Technology		0.00
Ethics		0.00
Fiscal Management		0.00
Health/Physical Activities		3.00
Instructional Leadership	✓	27.00
Lottery		0.00
Parent Involvement		0.00
Teen Suicide Prevention		0.00

Arkansas Education Service Cooperative

Personal Professional Development Record

6/1/07 - 5/31/08

PHYLLIS BROOKS

CITY SCHOOL DISTRICT, STEWART ELEMENTARY SCHOOL

TEACHER

HRS-HOURS		
Date	Event Title	Credit Earned
06/12/2007	GREC-CONSTRUCTING MEANING -SMART STEP/NEXT STEP	6.00
06/12/2007	GREC-CONSTRUCTING MEANING-SMART STEP/NEXT STEP	6.00
06/13/2007	GREC-DIGITAL STORYTELLING USING MOVIE MAKER	6.00
06/13/2007	GREC-DIGITAL STORYTELLING USING MOVIE MAKER	6.00
06/19/2007	HOW YOU CAN HELP STUDENTS WITH DISABILITIES VIDEO CONFERENCE: ELECTRONIC R	3.00
06/19/2007	HOW YOU CAN HELP STUDENTS WITH DISABILITIES VIDEO CONFERENCE: ELECTRONIC F	3.00
06/29/2007	GREC-W.MEMPHIS-TEACHING MATH WITH MEANING GRADES 5&6	6.00
06/29/2007	GREC-W.MEMPHIS-TEACHING MATH WITH MEANING GRADES 5&6	6.00
07/19/2007	GREC-TEACHING MATH WITH MEANING- GRADES 3 & 4	6.00
08/08/2007	PLANET HEALTH	5.00
08/13/2007	DR. CHARLES PETTY KEYNOTE SPEAKER/ BUILDING LEVEL PROFESSIONAL DEVELOPMENT	6.00
08/14/2007	IMPLEMENTING THE NEW MATH INVESTIGATIONS	1.15
08/14/2007	PARENTAL INVOLVEMENT	1.50
08/14/2007	STRENGTHENING THE PARTNERSHIP BETWEEN HOME AND SCHOOL	1.15
08/15/2007	POVERTY-DR. JENNINGS	1.30
08/15/2007	RUBY BEEDY TECHNOLOGY IN GENERAL SESSION	3.00
08/17/2007	BUILDING LEVEL PROFESSIONAL DEVELOPMENT	3.00
10/26/2007	NCA PROFILE/UPDATE NEWMON AND MCNUTT/DISTANCE LEARNING OVERVIEW	2.45
11/14/2007	LITERACY TEAM MEETING	1.00
02/01/2008	LITERACY TEAM MEETING	1.00
03/12/2008	SECOND GRADE LEVEL MEETING	1.00
03/14/2008	DETERMINING IMPORTANCE	1.00
04/02/2008	GRADE LEVEL MEETING	1.00
04/09/2008	GRADE LEVEL MEETING	1.00
04/23/2008	GRADE LEVEL MEETING	1.00
04/25/2008	SYNTHESIS	1.00
05/02/2008	SECOND GRADE LEVEL MEETING	1.00
05/14/2008	BENCHMARK EX. SAT INSERVICE	1.00
05/14/2008	STOP AND THINK PRO DEVELOPMENT MR. MYERS	1.00
05/21/2008	GRADE LEVEL MEETING	1.00
		84.50
Total Credit Earned:		84.50

Arkansas Education Service Cooperative

Official Professional Development Record

06/01/2007 - 05/31/2008

PHYLLIS BROOKS
TEACHER

FORREST CITY SCHOOL DISTRICT, STEWART ELEMENTARY
SCHOOL

HRS-HOURS		
Date	Event Title	Credit Earned
08/08/2007	PLANET HEALTH Credit Area: Health/Physical Activities (3)	5.00
07/19/2007	GREC-TEACHING MATH WITH MEANING- GRADES 3 & 4 SBE Area: Arkansas Content Standards Frameworks, Cognitive Research, Instructional Strategies, Principles of Learning Developmental Stages Credit Area: Instructional Leadership (6)	6.00
06/12/2007	GREC-CONSTRUCTING MEANING-SMART STEP/NEXT STEP SBE Area: Arkansas Content Standards Frameworks, Assessment, Building a Collaborative Learning Community, Instructional Strategies Credit Area: Instructional Leadership (6)	6.00
06/13/2007	GREC-DIGITAL STORYTELLING USING MOVIE MAKER SBE Area: Instructional Technology Credit Area: Instructional Leadership (6)	6.00
06/19/2007	HOW YOU CAN HELP STUDENTS WITH DISABILITIES VIDEO CONFERENCE: ELECTRONIC RECORDS EXPRESS & STUDENT WORK INCENTIVES SBE Area: Instructional Strategies Credit Area: Instructional Leadership (3)	3.00
06/29/2007	GREC-W.MEMPHIS-TEACHING MATH WITH MEANING GRADES 5&6 SBE Area: Arkansas Content Standards Frameworks, Cognitive Research, Instructional Strategies, Principles of Learning Developmental Stages Credit Area: Instructional Leadership (6) ✓	6.00
		32.00
Total Credit Earned:		32.00



Division of Children and Family
Services

Central Registry Unit, Slot 5566

P.O. Box 1437 • Little Rock, AR 72203-1437
501-682-0405 • FAX: 501-682-0407 • TDD: 501-682-1442



November 22, 2017

To: Phyllis Jennings
P. O. Box 405
Clarendon, AR 72029

Batch #: 9
Article #: 92154969009997901618326702
Date/Time: 11/22/2017 3:14:22PM

Internal File #
Internal Code #

From: Child Maltreatment Central Registry Review Team

In the matter of referral #633677, the Arkansas Department of Human Services (DHS) Child Maltreatment Central Registry Review Team has reviewed your request to be removed from the Arkansas Child Maltreatment Central Registry.

After consideration of the evidence provided, the Team has determined in its November 2017 meeting that this request for removal is:

- ☐ Granted
☒ Denied
☐ Placed on Hold

The reason(s) for this decision is/are as follow:

Explanation of Decision:

Phyllis Jennings' removal packet indicates that she did not receive notice of the 1993 maltreatment finding until September 16, 2017. Given that, Phyllis Jennings should request relief from the Office of Appeals and Hearings.

Page 1 of 2

CFS-328-C (01/2017)

Mail your request for an administrative hearing with a copy of this letter to:

Office of Appeals & Hearings

Slot NI401

P O Box 1437

Little Rock, AR 72206

(501) 682-8622

Notice: This notification letter has been processed on behalf of the Arkansas DHS Child Maltreatment Central Registry Review Team by designated personnel who are not part of, and are unable to answer questions pertaining to the DHS Child Maltreatment Central Registry Review Team's decision processes.

Batch #: 9

Article #: 92154969009997901618326702

Date/Time: 10/22/2017 3:14:22PM

Internal File #:

Internal Code:

Internal File #:
Internal Code:

Greg Alagood

From: Greg Alagood
Sent: Friday, October 27, 2017 2:03 PM
To: Donna Alcorn (Donna.Alcorn@dhs.arkansas.gov)
Cc: 'Phyllis Brooks'
Subject: Appeal of True Finding

CHRIS Referral # 633677
Children Involved: April Woods
Alleged Offender: Phyllis Jennings (now Brooks)

Dear Ms. Alcorn:

This law firm represents Phyllis Brooks, formerly known as Phyllis Jennings. On our client's behalf, we are appealing a true finding determination in this matter (CHRIS referral number 633677). It came to Ms. Brooks' attention recently that her name was placed on the maltreatment registry in 1993. She has obtained a teaching license and several renewals since then and it is just now coming to her attention. Her teaching license is in jeopardy. She tells me she was never informed of the true finding.

We request *an in-person hearing in Little Rock, Arkansas.*

Our client requests and authorizes all documents, notices, and correspondence relating to this appeal request be sent to Greg Alagood at Mitchell, Blackstock, Ivers & Sneddon, PLLC., 1010 West Third, Little Rock, Arkansas 72201.

Please let me know if you have any questions or need additional information from me. Thank you.

Greg Alagood • Attorney



1010 West Third Street
P.O. Box 1510
Little Rock, AR 72203-1510
Phone: 501-378-7870
Fax: 501-375-1940
e-mail: galagood@mitchellblackstock.com
website: www.mitchellblackstock.com



Ranked one of the Best Law Firms for Health Care Law in Arkansas
One of few Health Law Firms in Arkansas to be Ranked in the top tier
U.S. News - Best Law Firms



**Arkansas Department of Human Services
Office of Appeals and Hearings**

400 DONAGHEY PLAZA NORTH
P.O. Box 1437 - Slot N401
Little Rock, AR 72203-1437
Telephone (501) 682-8622 Fax (501) 682-6605 TDD (501) 682-6974

November 16, 2017

**MR GREG ALAGOOD
ATTORNEY AT LAW
PO BOX 1510
LITTLE ROCK AR 72203**

Case Number: 20176618

NOTICE OF ADMINISTRATIVE HEARING

Re: Phyllis (Jennings) Brooks v. DHS

Dear Mr. Alagood:

The administrative hearing regarding the alleged child maltreatment of April Woods, REF#633677 has been scheduled for a hearing and the details are given below.

Type: Face to Face

Date and Time: January 2, 2018 9:30 am

Location: Office of Appeals and Hearings located at Seventh and Main Streets, Donaghey Plaza North (The Waldon Building), Ste 400, Little Rock, Arkansas.

Presiding ALJ: Nancy Shray

The hearing will be held pursuant to the Arkansas Code Annotated § 25-15-201 and §12-18-101. Hearings are governed by the DHS Policy 1098, and the DCFS Policy IX-A, as well as other applicable provisions of Arkansas Law.

COPIES OF INVESTIGATIVE REPORT

- The Office of Appeals and Hearings (OAH) DOES NOT issue the investigative report. ***Do not send your request for the investigative report to the Office of Appeals and Hearings.***
- You must submit your request for the investigative report and applicable fees to the **Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, Slot S566, Little Rock, AR 72203.**
- The phone number for Central Registry is 501-682-0405.

- The Arkansas Child Maltreatment Act authorizes the department to charge a reasonable fee not to exceed ten dollars (\$10.00) for the report and to charge a reasonable fee for reproducing copies of recordings and photographs; except no fee may be charged to a nonprofit or volunteer agency, or to a person who is indigent.

PRE-HEARING INFORMATION

- At least ten (10) days prior to the administrative hearing, the Petitioner and the Department shall share any information with the other party that the party intends to introduce into evidence at the administrative hearing if that evidence is not contained in the investigative report from the Central Registry.
- Any request, motion, or information (including e-mails) about this case sent by either party or their counsel to the OAH must be sent to the other party or counsel before it will be considered by OAH.
- If the Petitioner does not receive the investigative report within 30 days of his/her making the request and paying the \$10.00 fee, the Petitioner must immediately notify the Department and the OAH to avoid a delay in the hearing.
- If the investigative report is illegible or incomplete, the Petitioner must immediately notify the Department and the OAH to avoid a delay in the hearing.
- Interpreters: If any party requires an interpreter due to hearing impairment or an inability to communicate in the English language, the party must notify OAH of the need for an interpreter at least ten (10) business days prior to the hearing.

LEGAL REPRESENTATION

- If you obtain legal representation, your attorney **MUST** submit notice to the OAH about the representation.
- Notice of attorney representation **MUST** be submitted no later than ten (10) business days before the scheduled hearing date so the other party can obtain legal representation.
- Any late submissions of attorney representation will result in a continuance of the hearing, and the delay will not count against any time frame for hearing completion.

CRIMINAL CHARGES OR INVESTIGATIONS

- If there is an ongoing criminal or delinquency investigation or charges have or will be filed regarding this same matter, you must notify the OAH in writing immediately.
- Hearings will be stayed pending disposition of the criminal proceeding.

SUBPOENAS

- You may request that subpoenas be issued to any person to present relevant testimony on your behalf.
- You **MUST** list the name and complete mailing address on the enclosed subpoena request form.
- You must submit the subpoena request form to the OAH at least ten (10) business days before the scheduled hearing date.

- If a hearing is continued, you MUST notify your witnesses and resubmit the subpoena request form to the OAH before subpoenas will be reissued.
- It will be your responsibility to serve the subpoenas in accordance with Arkansas law.

CONTINUANCES

- If you are unable to attend the hearing on the scheduled date, you MUST submit a continuance request in writing to the OAH and to the other party.
- Continuance requests MUST be made at least ten (10) business days before the scheduled hearing date unless an actual emergency exists.
- Hearings requests MUST contain an explanation of the need for the continuance.
- A failure to obtain a continuance request and a failure to appear at the hearing on the scheduled date will result in a dismissal of the case.
- If you request or agree to a continuance request, the delay will not count against any time frame for hearing completion.

HEARING PROCESS

- All communications submitted to the OAH about a pending case MUST be copied to the other party: Representative's Name, Address, and Phone Number, and email address.
- You or your representative may examine the hearing file at the OAH in Little Rock prior to your hearing.
- You will be allowed to question and cross examine witnesses.
- You may bring witnesses to present testimony at the hearing.
- You may introduce evidence at the hearing.
- Pursuant to Arkansas Code Annotated § 12-18-101(f), the de-identified investigative file shall be admissible in evidence in any proceeding related to child maltreatment.
- At least 10 days prior to the administrative hearing, the Petitioner and the department will share any information with the other party which the party intends to introduce into evidence at the hearing that is not contained in the record.
- At the hearing, irrelevant, immaterial, and unduly repetitious evidence shall be excluded. Any other oral or documentary evidence, not privileged, may be received if it is of a type commonly relied upon by reasonably prudent people in the conduct of their affairs.

DISCLAIMER

- The Office of Appeals and Hearings does not provide legal advice on any case.

Donna Alcorn

From: Donna Alcorn
Sent: Thursday, November 16, 2017 11:16 AM
To: John Casteel; Nathan Marlin (DHHS); Marcia Perry; Sherry Mangrum; 'galagood@mitchellblackstock.com'
Subject: C#20176618, REF#633677---1993 CASE
Attachments: CM Schedule Letter (Appeals Office).rtf; Pre-Hearing Information Casteel, 3-13.doc; DCFS-CENTRAL REG ORDER.doc

TO: ALL

PLEASE OPEN ATTACHMENTS FOR THE SCHEDULING INFORMATION REGARDING PHYLLIS BROOKS.

*THE HEARING WILL BE HELD FACE TO FACE AT THE OFFICE OF APPEALS AND HEARINGS IN LITTLE ROCK, ARKANSAS.

"SENSITIVE"

Thank you

Donna Alcorn
Legal Support Specialist
Appeals and Hearings
PO BOX 1437/Slot N401
Little Rock AR 72203-1437

501-682-8622 (Phone)
501-682-6605 (Fax)

Confidentiality Notice: The information contained in this email message and attachment(s) is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to which this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distribution of this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender by returned email and delete the message and attachment(s) from your system.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
OFFICE OF APPEALS AND HEARINGS**

FACE TO FACE HEARINGS

When arriving for a face to face hearing at the Department of Human Services (Office of Appeals and Hearings) in Little Rock, Arkansas, please allow additional time prior to your scheduled hearing time for VISITOR CHECK-IN.

Our office is located on the 4th Floor of the building on the North East corner of 7th & Main Street. The entrance (the sliding door by the alley) is located on 7th Street just east of Main Street.

All visitors to the DHS Donaghey Plaza North Building (Waldon Building) must surrender your Driver's license, or photo I.D., and receive a Visitor Badge.

When leaving you will sign-out, return the Visitor Badge and receive your driver's license or photo I.D.

Please make sure that all witnesses attending the hearing are informed of the DHS Visitor Check-In Procedure.

If you have any questions or concerns, please feel free to contact our office (501- 682-8622). If you need information in an alternate format, such as Braille, large print, or audio tapes, please contact the Appeals and Hearings Office, PO BOX 1437, Slot N401, Little Rock, Arkansas 72203-1437

Thank you.

WAIVER OF HEARING TIME FRAME

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Attn: Office of Appeals and Hearings
Donaghey Plaza North Building
Slot N401
P.O. Box 1437
Little Rock, Arkansas 72203-1437

RE: _____ Waiver of Hearing Time Frame
Case Name

Pursuant to Ark. Code Ann. Section 12-12-512(c)(2), the administrative hearing process must be completed within one hundred eighty (180) days from the date of receipt of the request for a hearing.

I, _____, hereby waive my right to have the administrative hearing process completed within one hundred eighty (180) days from the date of the receipt of the request for a hearing.

PETITIONER(S)

PETITIONER(S)

DATE

BY: _____
ATTORNEY/REPRESENTATIVE

CHILD MALTREATMENT
PRE-HEARING INFORMATION

Please read carefully

Petitioner's Attorney:
Respondent's Attorney:

Address on Scheduling Letter
John Casteel
OCC, DHS
100 Weaver Avenue
Batesville, AR 72501
870-698-1876 EXT 146

At least ten (10) days prior to the administrative hearing, the alleged offender and the department shall share any information with the other party that the party intends to introduce into evidence at the administrative hearing that is not contained in the investigative report from Central Registry.

1. Any request, motion, or information (including emails) about this case sent by either party or their counsel to the Office of Appeals & Hearings (OAH) must be sent to the other party or counsel before it will be considered by OAH.
2. If either party has any reason that the scheduled hearing date needs to be rescheduled, you must notify OAH and the other party in writing immediately. If no objection to the hearing date and location is received at OAH within ten (10) days, the scheduled hearing date and location is deemed confirmed.
3. The hearing is scheduled to last approximately three (3) hours or less.
4. At the hearing, irrelevant, immaterial, and unduly repetitious evidence shall be excluded. Any other oral or documentary evidence, not privileged, may be received if it is of a type commonly relied upon by reasonably prudent people in the conduct of their affairs.
5. **DO NOT SEND YOUR REQUEST FOR THE INVESTIGATIVE REPORT TO THE OFFICE OF APPEALS & HEARINGS.**
Petitioner may obtain a copy of the investigative report by submitting their notarized request and payment of the required fees to Arkansas Department of Human Services, Central Registry, P.O. Box 1437, Slot S566, Little Rock, Arkansas 72203-1437, ATTN: Manager, Child Maltreatment Central Registry, phone (501) 682-0402.
6. **If Petitioner does not receive the investigative report within thirty (30) days of their request and payment of the fee, Petitioner must immediately notify Respondent and OAH in order to avoid a delay in the hearing.**
7. **Interpreters:** If any party requires an interpreter, due to hearing impairment or an inability to communicate in the English language, the party must notify OAH of the need for an interpreter at least ten (10) business days before a hearing.
8. DHS shall notify the ALJ and the petitioner of the status of any juvenile division of circuit court proceeding involving the victim if child maltreatment at issue in the administrative hearing proceeding is also an issue in the circuit court proceeding. Notice from DHS shall also include whether the DHS exercised a seventy-two-hour hold on the victim and released the child or if DHS or circuit court dismissed a petition for emergency custody or dependency-neglect. A.C.A § 12-18-808.

SUBPOENA REQUEST FORM

In the matter of **Phyllis (Jennings) Brooks** (Case Number: 20176618)

Note: Only witnesses who have testimony which is **relevant** (considered necessary and material) to the issues in your case will be allowed to testify on your behalf. The assigned hearing officer will determine the relevance of all testimony. *The hearing officer has the discretion to exclude testimony or evidence which is not relevant, privileged, cumulative, confusing, a waste of time or which unduly delays the hearing.*

1. The following witnesses will appear at the hearing on my behalf **voluntarily** I will notify them of the date, time and place of the hearing.

Name: _____ **Why witness is necessary:** _____

Name: _____ **Why witness is necessary:** _____

Name: _____ **Why witness is necessary:** _____

2. I request that subpoenas be issued to these individuals.

Note: A witness who is subpoenaed to testify on your behalf is entitled to a witness fee and mileage cost from the witness' residence to the place of the hearing. **It is the responsibility of the requesting party to pay the witness fee and mileage cost to each subpoenaed witness.**
A subpoena is enforceable only if it is duly served in accordance with state law.

Name: _____

Address: _____

Telephone _____

Why witness is necessary: _____

In the matter of Phyllis (Jennings) Brooks (Case Number: 20176618)

Name: _____

Address: _____

Telephone _____

Why witness is necessary: _____

Name: _____

Address: _____

Telephone _____

Why witness is necessary: _____

Name: _____

Address: _____

Telephone _____

Why witness is necessary: _____

3. I do not wish to subpoena any witnesses.

_____ I hereby waive this right by my signature.

Appellant or Representative

Date

(If you need additional space please attach a separate sheet to this form with the same information.)

BEFORE THE DEPARTMENT OF HUMAN SERVICES
OF THE STATE OF ARKANSAS

IN THE MATTER OF:
PHYLLIS BROOKS

PETITIONER

vs.

NO: 20176618

DIVISION OF CHILDREN AND FAMILY SERVICES

RESPONDENT

ORDER

TO: Investigating Agency
Manager, Child Maltreatment Central Registry

The above named petitioner has requested or been referred for a child maltreatment administrative hearing.

The Investigating Agency shall submit within ten (10) days to Central Registry the written report and supporting documentation, including all video tapes, audio tapes, photographs, and information gathered during the course of the investigation whether or not the information supports the investigative determination. Ark. Code Ann. §12-18-701.

Central Registry is directed to de-identify the report and submit it to this office within thirty (30) days and to provide the same de-identified documents to the petitioner or the petitioner's authorized representative within thirty (30) days of their notarized request for the documents and fee. Ark. Code Ann. §12-18-710 & 711.

This documentation may include, in compliance with DHS Policy [including all DHS HIPAA Policy] and Federal or State law, any protected health information gathered during the investigation on the individual(s) who is the subject of a "true" finding in the above-styled matter.

Alleged Offender: **Phyllis Brooks**

Alleged Offender's Attorney/Rep: **Greg Alagood, Attorney at Law, POB 1510, LR, AR 72203**

County and Investigating Agency: **Craighead-DCFS**

Name of Investigator: **NOT PROVIDED**

Alleged Victim: **April Woods**

Date of Report: **10/27/1993**

Referral Number: **633677**

Post-Mark Date: **10/27/2017**

Date Received: **10/30/2017**

IT IS SO ORDERED.

Nancy Stevens (Shray) da

Administrative Law Judge

Office of Appeals and Hearings

11/16/2017

Date

CC: By email attached
Greg Alagood-petitioner's attorney-by mail/email
Central Registry-interoffice mail



Arkansas Department of Human Services



Division of Children and Family Services

Child Maltreatment Central Registry

P.O. Box 1437, Slot S-566 Little Rock, AR 72203-1437 • 501-682-0405 • Fax: 501-682-0407 • TDD: 501-682-1442

October 25, 2017

GREG ALAGOOD
1010 WEST THIRD STREET
LITTLE ROCK AR 72201

Re: Phyllis Jennings Ref: 633677

Dear Mr. Alagood;

Attached is the information you requested from Central Registry. As required by law, all information identifying those individuals who made the report has been removed. If you disagree with the determination of this report, you should contact:

Appeals & Hearings
P.O. Box 1437, N401
Little Rock, Arkansas 72203-1437
Ph. 501-682-8622

If I can be any help in the matter please give me a call at 501-682-3697. This information is available in different formats such as large print, audio tape, etc. If you need another format, contact the Division's ADA Coordinator at 501-682-8760 or TDD 501-682-1442.

Sincerely,

Gloria Edwards, Administrative Analyst
Child Maltreatment Central Registry

Enclosure

cc: file, pic

Kim Buchanan

From: Tywania Terry-Dunlap [Tywania.TerryDunlap@dhs arkansas.gov]
Sent: Friday, October 13, 2017 9:10 AM
To: Kim Buchanan
Cc: Gloria Edwards
Subject: FW: Investigative file - P. Jennings-Ref# 633677-CACD
Attachments: P. Jennings.doc

From: Gloria Edwards
Sent: Friday, October 13, 2017 8:31 AM
To: Tywania Terry-Dunlap
Subject: Investigative file - P. Jennings-Ref# 633677-CACD

Gloria Edwards
DHS Central Registry
Office 501-682-3697
Fax 501-682-0407
Sensitive

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
INVESTIGATIVE DETERMINATION NOTIFICATION

To: Phyllis Jennings
P.O. Box 458, State University, AR 72467
Address

From: Kaye Beall. Special Investigations Unit
Craighead Co. DHS

Date: 12-17-93

RE: INVESTIGATIVE DETERMINATION NOTIFICATION
April Woods
CHILD(REN) INVOLVED

On 10-27-93, the Division of Children and Family Services received an allegation of suspected Child Maltreatment involving you and/or your child or a child with whose care you have been entrusted. The allegation stated that the incident occurred on or about the following date and time: 10-26-93. This letter is to inform you of the investigative determination of the suspected Child Maltreatment.

 There was no credible evidence of Child Maltreatment.

xx There was some credible evidence of Child Maltreatment.

If you disagree with the investigative determination checked above, you have thirty (30) days from the date of this memo to request an amendment of the information. See the publication "Child Protective Services: A Caretaker's Guide" (PUB-052) for additional information, or call your Service Worker Kaye Beall at 972-1732.

Kaye Beall *Kaye Beall*
Investigator

CFS-312(SIU)

DIVISION OF CHILDREN AND YOUTH
MEMORANDUM

To: Debbie Roark, Special Investigations Supervisor
From: Tom Winberry, Coordinator Central Registry
Date: January 18, 1994
Re: Request For A Copy Of An Investigation

Victim's Name: April Woods, Dob: 4-11-92

Parent/Perpetrator: Phyllis Jennings

Date of Report: 10-27-93

Substantiated: Yes

Unsubstantiated: No

TLBR#: 16-0745

PLEASE SEND A COPY OF THE ABOVE NAMED INVESTIGATION TO ME AS SOON
AS POSSIBLE. MY SLOT # IS 710. THANKS.

1st Request: January 18, 1994

2nd Request:

3rd Request:

AREA MANAGER NOTIFIED:

As requested Copied & Routed 1/20/93 RBP

DIVISION OF CHILDREN AND FAMILY SERVICES

MEMORANDUM

To: Willie Sweat, Area Manager

From: Sheri Flynn, Special Investigations Supervisor

Date: 12-13-93

Subj: April Woods Investigation
Phyllis Jennings (Alleged Perpetrator)
Craighead County

=====

This is to inform you that the allegation of lack of supervision, involving the above mentioned parties has been founded. It is my understanding that Ms. Jennings is a Social Service Aide, in the Craighead County office.

If you have any questions, feel free to contact myself, or Kaye Beall.

cc: file
Debbie Roark
Pat Dahlgren
Martha Ivner

Arkansas Department of Human Services
Division of Children and Family Services
Quality Assurance Unit
Out of Home Complaint Review Guide

Identifying Information

Name April Woods County Craighead

Case status (check one): F ☒ UF ☐ UTL ☐ Type: _____

Date of complaint 10-27-93 Yes No NA

1. Was investigation begun on time? ☒ ☐ ☐

2. If case status is U, was there documentation to indicate sufficient efforts were made to locate family? ☐ ☐ ☒

If no, explain _____

3. If family and/or victim child moved during the investigation and new whereabouts were known, was there a written referral to the other county/state? ☐ ☐ ☒

Investigation Summary

1. Is there an Investigative Summary (CFS-327)? ☒ ☐ ☐

If yes, does the Summary reflect:

2. Was County office notified and requested to notify child(ren)'s guardian(s) ad litem, if allegation involved a foster home? ☐ ☐ ☒

3. Interview with victim child(ren)? Child 18 months ☐ ☐ ☒
Date of interview _____ OLD

4. Inspection of child(ren), if appropriate? ☐ ☐ ☒
Date of inspection _____

5. That interview/inspection of child(ren) was not in excess of 24 or 72 hours? ☐ ☐ ☒

6a. Need for a medical or psychological evaluation of the victim child(ren)? ☐ ☐ ☒

6b. If so, was an evaluation conducted or a referral made? ☐ ☐ ☒

7. Interview with parents/substitutes? ☒ ☐ ☐

8. Interview with perpetrator? ☒ ☐ ☐

9. "A Caretaker's Guide" provided (not mailed) to family? ☒

10. "A Caretaker's Guide" provided (not mailed) to perpetrator.
if different? ☒ — —

11. Does documentation support the investigative
determination? ☒ — —

If no, explain _____

12. Was the Investigative Summary initialed and dated by
supervisor? — — —

13. Was the investigation completed within 30 days of the
report of the allegation? — — —

Forms/Files

1a. Was an initial CFS-1910 completed, if applicable? ☒ — —
b. Was a final CFS-1910 completed, if applicable? ☒ — —

a. In Priority I reports, was immediate telephone notification
documented to prosecuting attorney and ☒
b. law enforcement? — — ☒

3a. Was CFS-310 sent, if applicable, to Prosecuting Attorney? ☒ — —
b. and appropriate law enforcement agency? ☒ — —

4a. Was CFS-121 completed to open? — — —
b. Was CFS-121 completed to close? — — —

5a. Was CFS-312 sent to family? ☒ — —
b. To perpetrator if different? ☒ — —
c. Was CFS-312 sent to (YSC) Superintendent, if applicable? — — ☒
d. Was CFS-312 sent to Internal Affairs on YSC cases (if
applicable)? — — ☒

6. Was CFS-313 sent to appropriate law enforcement agency? ☒ — —

7. Was CFS-314 sent to appropriate law enforcement agency? ☒ — —

9. Was CFS-313 completed and returned by law enforcement
agency? — ☒ —

9a. Was CFS-328 sent to Prosecuting Attorney? ☒
b. and appropriate law enforcement agency? ☒ — —

10a. Was CFS-307 Part 1 sent to non-mandated reporter? ☒
b. Was CFS-307 Part 1 and Part 2 sent to mandated reporter? ☒ — —

11. If the allegation was founded was CFS-311 sent to the
child(ren)'s school (LEA)? — — ☒

- | | | | |
|---|---|---|---|
| 12a. If there were visible injuries, were photos taken? | — | — | ✓ |
| b. and maintained in the file? | — | — | ✓ |
| 13. If physical abuse, was a completed Body Diagram (CFS-127A) in file? | — | — | ✓ |
| 14. In unfounded cases, is the information kept in a file marked by: | | | |
| a. Month/Year of complaint? | — | — | — |
| b. and Month/Year of disposal? | — | — | — |
| 15. Was the Time Limited Chronological Register (CFS-395) entry properly completed? | — | — | — |

Investigator: Kaye Beall

Comments: _____

Reviewer: _____ Date: _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
SPECIAL INVESTIGATIONS UNIT

CHILD MALTREATMENT INVESTIGATIVE SUMMARY

I. CASE DATA

Investigator Kaye Beall TLSR# 160475
Victim's Name April Woods DOB 4-11-92 [REDACTED]
Date & Time of Referral 10-27-93, 3:26 p.m.
Name of Person Receiving Referral Kaye Beall
Immediacy of Situation: ☐ Priority I ☒ Priority II
☐ Immediate Response
Does alleged perpetrator have access to child? ☐ No ☒ Yes
If yes, how? DCFS Homemaker
Referral made to another investigative agency? ☐ Yes ☒ No
If so, to whom? ☐ SCAN ☐ Local Law Enforcement ☐ State
Police
☐ Other (specify) _____
Mother's Name Deborah Woods DOB 9-26-55 [REDACTED]
Father's Name NA DOB [REDACTED]
Address 211 VanDyne, Apt. D, Jonesboro, AR 72401
Perpetrator Phyllis Jennings DOB 7-24-67 [REDACTED]
Address 409 Arkansas Hall, P.O. Box 458, State University

II. INDIVIDUALS INTERVIEWED (Excluding Reporter)

(Codes: In Person-I, By Phone-P, Attempted Contact-A)
VICTIM CHILD WAS 18 MONTHS OLD-CANNOT TALK

Method	Name/Address	Telephone	Rel to Child	Date
I - P - A				
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Jill Bookout</u>	<u>972-1732</u>	<u>Caseworker</u>	<u>10-29</u>
	<u>Craighead Co. DCFS</u>			
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Sherry Milam</u>	<u>"</u>	<u>Secretary</u>	<u>10-29</u>
	<u>Craighead Co. DCFS</u>			
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Phyllis Jennings</u>	<u>"</u>	<u>Alleged Perp.</u>	<u>11-18</u>
	<u>See above-DCFS Homemaker-Craighead Co.</u>			

II. INDIVIDUALS INTERVIEWED CONTINUED

☒ ☐ ☐ Deborah Woods No phone Parent 10-29

See above

☐ ☐ ☐ _____

☐ ☐ ☐ _____

III. DOCUMENTATION/ EVIDENCE (Medical, Physical, Psychological)

☐ Body Diagram ☐ Medical Report ☒ Photos ☐ Paddle/Switches

☐ Other (Specify) Photos taken of parking lot where child
was left unattended in the car

IV. CHRONOLOGICAL NARRATIVE

(Note: Date and Initial ALL Entries)

1. Interview with person/agency making the child maltreatment allegation was made by ☐ telephone on: _____ ☒ in person on 10-29-93 ☐ N/A.

2. Caretaker's Guide (PUB-052) was provided to and discussed on:
☒ Family: Date 10-29 ☒ Perpetrator: Date 11-18-93
☐ Caretaker: Date: see perp.

3. Law enforcement agency interviewed the ☐ Victim Child
☐ Parent(s) ☐ Caretaker ☐ Perpetrator ☐ Other
(Specify) _____

The interviews ☐ DO ☐ DO NOT Substitute for the worker's interview.

A copy of the law enforcement investigator's report ☐ IS ☐ IS NOT attached to the Investigative Summary.

V. THE INVESTIGATIVE NARRATIVE IS ATTACHED

VI. RESULTS OF INVESTIGATION

Category of Child Maltreatment:

☐ Abuse ☐ Sexual Abuse ☒ Neglect ☐ Sexual Exploitation
☐ Abandonment ☐ Severe Maltreatment ☐ None

INVESTIGATIVE DETERMINATION:

[x] Founded
locate)

[] Unfounded

[] Inactive (unable to

VII. SERVICES OFFERED/PROVIDED

If allegation is founded and services provided, check type:

[[Allegation was founded, and the case has been referred to the county office for services to be offered.

If allegation is founded, but no services provided, check reason:

☐ Committed by staff in licensed child care facility

☐ Committed by a babysitter

[] Committed by school personnel

☐ Committed by out-of-home non-related perpetrator

☐ Family moved out of county during/after investigation

[x Other (specify) Committed by DHS Homemaker

VIII. SIGNATURES

I hereby certify that all activities identified in this report did occur. I further certify that the findings are based on facts and evidence obtained during the investigation and the best professional judgement based on those facts.

Kaye Beall
Signature of Investigator

December 1, 1993
Date


Signature of Supervisor

12-13-93
Date

IX. SUPPLEMENTAL DATA

Additional comments pertaining to review of closed case by Supervisory or Quality Assurance Personnel.

CFS-327 (SIU)

INVESTIGATIVE NARRATIVE

April Woods
211 Vandyne, Apt. D
Jonesboro, AR 72401
Ph.: No phone

10-27-93
3:26 p.m.

Central Intake received a report that April Woods had been left in the car unsupervised for approximately 20 minutes by a DCFS homemaker at the Craighead Co. DHS office.

10-28-93
3:33 p.m.

Worker received this report from Sheri Flynn. Worker called the Craighead Co. DCFS office to get an address for Phyllis as there was no address on the report. Worker was told that Phyllis possibly lived at 409 Arkansas Hall at ASU, but that her records did not indicate where she lives. A phone number was not available for her.

10-29-93

9:15 a.m.
INTERVIEW WITH JILL BOOKOUT

Worker talked with Jill Bookout, Craighead Co. DCFS worker, concerning this incident. Jill stated that she was in the office the date the incident occurred (10-26), and that she saw Phyllis walk by with a check in her hand. She stated that she asked what she was doing, and she told her that she was going to get April a haircut at J. Michael's and that she was waiting for a signature on a check. She stated that she told her that Sherry Milam could cut April's hair, and Phyllis stated that she would go get her. She stated that at that time, she realized that April was in the car and went to get April. She stated that when she got April out of the car, she was hot and sweaty, and that the doors were not locked. She stated that April was in the car seat, but that the harness was not fastened. She stated that the car was parked down by the stairs in front of the trash barrel.

She stated that Phyllis had followed her to the car, and they took April to the office to get a haircut; Ms. Jennings then returned April to her home.

(Also in the file is the written statement given by Ms. Bookout the day the incident occurred.

10:30 a.m.

INTERVIEW WITH SHERRY MILAM

Worker interviewed Sherry Milam, Craighead Co. Clerical worker. She stated that when she saw Phyllis first, she was sitting at Bobbie's desk typing a date. She stated that Phyllis was at Rita's desk, but that she did not notice the time. She stated that Phyllis had been in the office for at least 5 minutes when Jill came out to ask what she was doing. She stated that Jill told her to let Sherry cut April's hair, and she said that she had her in the car. She stated that Jill then went to get her, and that Phyllis followed Jill a few minutes later.

She stated that Martha Ivener was also present at this time, but that neither Jill nor Martha knew that April was in the car.

She stated that Jill brought April in, and she cut her hair. She stated that her hair was damp and sweaty.

Worker requested that Sherry provide a written statement.

10:50 a.m.

Worker called Sheri Buckner, Supervisor, to advise that this report was not keyed to Special Investigations until 24 hours after it was taken. The incident occurred on 10-26, the report was called in on 10-27, and worker received the report on 10-28.

1:15 p.m.

Worker left a message for Deborah Woods to call the worker. She did return the call shortly after, and worker scheduled to visit with her at her home at 3:30 p.m.

3:30 p.m.

Worker went to the home of Deborah Woods to discuss the allegations concerning her child, April. *Worker did not view the child; She was seen by Jill Bookout, FSW, the date the incident occurred (See 1 Star* She stated that she had wanted to go with Phyllis to get April's hair cut, but Phyllis told her she could not wait, and she had to wait for her other child to get home on the bus. She stated that Phyllis came to her house about 2:00 p.m. She stated that Phyllis told her it had to be done that day, and that she could not wait, so she let her take April by herself. She stated that April can walk, but that she cannot undo her own seatbelt.

Worker gave her a PUB-052 and advised that she would receive a letter advising her of the results of the investigation.

She stated that prior to worker's visit with her, she had been unaware that this happened.

Worker terminated the interview with her at this time.

11-17-93

Worker talked with Willie Sweat, Area Manager, and requested that she advise Phyllis that worker needed to talk with her. Worker also advised Ms. Sweat that worker had requested that Sherry Milam give the worker a written statement concerning the length of time Ms. Jennings was in the office.

11-18-93

Phyllis Jennings called worker, and worker requested that she come to her office to talk with her.

Worker interviewed Phyllis in her office. Worker first gave her a PUB-052 and explained her right to request an amendment within 30 days if she chose to do so if the report was founded.

She stated that she had come to the office with April that day, and that she had intended to run in to get a check and then come right back out. She stated that she could not locate anyone to sign the check, and that she was trying to locate someone to sign the check when Jill asked her what she was doing. She stated that she told her that she was trying to get a check so she could get April's hair cut at J. Michael's and Jill told her to let Sherry do it. She stated that she indicated that April was in the car, and Jill went to get her. She stated that she was right behind her, and that neither Jill nor Martha Ivener said anything to her that day about leaving April in the car. She said that Jill "laughed it off", and made a comment about her getting too warm; she stated that she then said that it was because her mother always puts heavy clothes on her.

She stated that the doors on the car were not locked, and that the car seat was not fastened into the car, but that she had put the seat belt over April, and April could not get out. She stated that she had "cracked" a window a little.

Worker asked if April could have been removed from the car, and she stated that she could have as the door was not locked.

She stated that she was not aware that she had done anything wrong until the following morning when she was at Deborah's house, and the neighbor came to get her for a phone call. She stated that she was asked to return to the office, and was then suspended for ten days.

Worker explained to her that this incident had been reported as neglect due to lack of supervision as she had parked in an area with traffic, and could not see April at all or hear her when she went in the building.

Worker terminated the interview at this time.

CONCLUSION

Worker recommends that this report of neglect due to lack of 080

supervision be founded as this child was unsupervised in the car on the parking lot, and Ms. Jennings could not see April nor could she hear her. She was unsupervised for at least 5-10 minutes as it is necessary to climb steps and walk through another area of the building to get to the DCFS office. (Photos of the parking area are enclosed with this report.) The child was approximately 18 months old at the time of the incident, and unable to care for herself at all.

There is credible evidence that the child was neglected due to lack of supervision.

Kaye Beall

Kaye Beall
Special Investigator
December 1, 1993

TUESDAY, October 26, 1993

1007 7:58 ST. CM.
72467

Worker was in her office about 2:15 p.m. and looked up and saw Homemaker Phyllis Jennings walking around. Worker needed to talk to her about a case anyway, so worker got up and went out into the office and just asked what she was doing. Ms. Jennings stated that she got a check from Rita Rogers' desk for 'Fantastic Sam's', she was going to get April Woods' hair cut. Worker and Supervisor Emma Sanders didn't know who to ask about the check, Rita was not in the office. Worker turned around and saw Martha Ivener and told Ms. Jennings to ask her. Ms. Jennings then stated to worker that April Woods (18 months) was down in her car. Worker told Ms. Ivener and she stated that worker should walk down with Ms. Jennings to the car. Worker went immediately to the car to get April. Ms. Jennings was a minute behind worker.

Worker got to the car, April had sweats on, all the windows were rolled up, (worker thinks the drivers side was cracked a little), the doors were not locked, and April was not fastened in the car seat. ONLY Ms. Jennings car seatbelt was across the car seat. Worker got April out of the car. She had sweat on her forehead and nose and her back was sweaty. Worker brought her up to the office and Sherry Milam cut her bangs. Ms. Ivener told Phyllis to void the check and put it back in the big checkbook. Phyllis then took April home.

Sherry Milam also overheard Ms. Jennings state that the baby was in the car. Sherry states the approximate time Ms. Jennings was in the office before anyone got the child was about twenty (20) minutes.

Full Bookout, FSWI
Full Bookout, FSWI
Craighead County DCFS

Called to C Intake
10/27/93

Revised
Thiles
324 9016
3:30 p.m.

BBP 12-17-93

Report received by K. BEALL 10.28-93 3:33 p.m.

DIVISION OF CHILDREN AND FAMILY SERVICES CHILD ABUSE AND NEGLECT REPORTING

CRID-NO IN-CO-AG INV-CO-AG TF-DT SVC-CO-AG TLSR-NO RPTD:DTE/TIM KEY-DT COM-TYP

9316770 814 A 161 D ----- 000 - 160745 102793 0326 P 102793 B - -

SOURCE WORKER INVG:DATE/TIME INV-STAT CASE-STAT MAR RPT MULT-JNFK

I 5826 102893 0330 P C - - B E Y - -

***** CHILDREN INFORMATION *****

CHILD(REN)-NAME REL R DOB RC SX TYPE-ABUSE/NEG/SA SEX-A-CAT/PERPET

WOODS APRJL A - V 041192 1 2 - - - - 30 - - - - -

XREF-NO

SEVERITY 1

DISPOSTION 1

WOODS, Elizabeth A N 6-11.93

SSN 000000000 XREF-NO

(NO Number yet)

SEVERITY 1

DISPOSTION 1

Woods, William A N 10-29.90

XREF-NO

SEVERITY 1

DISPOSTION 083

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

SSN _____ XREF-NO _____ SEVERITY _ DISPOSTION ..

DIVISION OF CHILDREN AND FAMILY SERVICES CHILD ABUSE AND NEGLECT REPORTING

***** CHILDREN INFORMATION *****

084

SSN _____

XREF-NO

SEVERITY _

DISPOSITION _

***** PARENT INFORMATION *****

PAR WOODS ^{Deborah} DEBRA RO N AGE 28 DOB 022655 RC 1 SX 2 [REDACTED]
ADDR 211 VADYNE, Apt. D 409 ARKANSAS HALL ASU CITY-STATE-ZIP (Delete P.O. 458) JONESBORO AR 72401 CO 161
PAR _____ RO _ AGE _ DOB _____ RC _ SX _ SSN _____
ADDR _____ CITY-STATE-ZIP _____ CO _____

***** PERPETRATOR INFORMATION *****

PERP JENNINGS PHYLLIS RO F RC M AGE 26 DOB 022467 RC 2 SX 2 [REDACTED]
ADDR 409 Arkansas Hall A.S.U. P.O. Box 458 CITY-STATE-ZIP State University AR 72467 CO 161
PERP _____ RO _ RE _ AGE _ DOB _____ RC _ SX _ SSN _____
ADDR _____ CITY-STATE-ZIP _____ CO _____
PERP _____ RO _ RE _ AGE _ DOB _____ RC _ SX _ SSN _____
ADDR _____ CITY-STATE-ZIP _____ CO _____
PERP _____ RO _ RE _ AGE _ DOB _____ RC _ SX _ SSN _____
ADDR _____ CITY-STATE-ZIP _____ CO _____

***** SOURCE INFORMATION *****

DESCRIPTION EIGHTEEN MONTH OLD CHILD WAS LEFT IN A CAR UNATTENDED FOR ABOUT 20 MINUTES WHILE WORKER WAS INSIDE THE BUILDING.

SRCE-NAME JILL BOOKOUT

SRCE-ADDR DCFS WRKR CRAIGHEAD CO

SRCE-ADD2 _____

PHONE: AREA-CO 501 NUMBER 9721232

FACILITY _____ FAC-TYPE _ FAC-DISP 0 FAC-CO _____

085

ON 10-26-93 AT APPROX 2:15 P.M.; CHILD WAS LEFT IN THE CAR UNATTENDED FOR ABOUT
20 MINUTES WHILE THE HOMEMAKER WAS IN THE BUILDING. MS. BOOKOUT IS THE WORKER A
SSIGNED TO APRIL'S FAMILY; SHE WENT OUTSIDE AND GOT APRIL OUT OF THE CAR AFTER I
T WAS REVEALED THAT THE CHILD WAS IN THE CAR. JILL WORKS IN THE 16-1 DCFS CO OF

DIVISION OF CHILDREN AND FAMILY SERVICES CHILD ABUSE AND NEGLECT REPORTING

***** NARRATIVE INFORMATION *****

FICE. CHILD WAS NOT PROPERLY RESTRAINED IN THE CAR.

I DO NOT KNOW WHY SHE HAS AN ASU ADDRESS.

SAFETY PROCEDURES

DESCRIPTION

HISTORY NONE ON MS. JENNINGS.

086

FAMILY MEMBERS

Child Own Casehead ☐[illegible]

Phone Number _____

FAMILY INCOME

[illegible]

POSITION Approved ☐ Denied ☐

CERTIFICATION STATEMENT AND SIGNATURE

I hereby certify that the above information is true and correct and authorize the Arkansas Department of Human Services to make any investigation necessary to establish my eligibility for services. I understand that if I am dissatisfied with the Services rendered, I may request a hearing and that the person taking my application will help me to do so if I request. I agree that I shall report within five (5) days any changes that affect my eligibility for services. I have received the CFS-121A (Notice to Client) that explains my rights and responsibilities as a client of the Arkansas Department of Human Services.

Date 12-17-93

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
SPECIAL INVESTIGATIONS UNIT
INVESTIGATIVE REPORT

DATE: 12-1-93 REGISTER # 160745

SUBMITTED TO: Jonesboro Police Mike Walden

(Address) 524 So. Church 630 So. Main
Jonesboro, AR 72401 Jonesboro, AR 72401

I am submitting the following information to you pursuant to the requirements set forth in Ark. Code Ann. 12-12-514. The information contained herein indicates the findings of a child maltreatment investigation which has been completed. Information identifying the individual making the initial report of the allegation is available upon request.

NAMES OF PARENTS/CARETAKERS:

Deborah Woods Phyllis Jennings

ADDRESS OF CARETAKERS/CHILDREN: 211 VanDyne P.O. Box 458
Jonesboro State U.

CHILDREN:

<u>April Woods</u>	<u>1</u>	<u>C</u>	<u>H</u>	<u>F</u>
(Name)	(Age)	(Race)	(Sex)	
<u></u>	<u></u>	<u></u>	<u>H</u>	<u>F</u>
(Name)	(Age)	(Race)	(Sex)	
<u></u>	<u></u>	<u></u>	<u>H</u>	<u>F</u>
(Name)	(Age)	(Race)	(Sex)	
<u></u>	<u></u>	<u></u>	<u>H</u>	<u>F</u>
(Name)	(Age)	(Race)	(Sex)	

NATURE AND EXTENT OF CHILD'S PRESENT INJURIES:

<u>April Woods</u>	<u>Lack of supervision</u>	<u>NA</u>
(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)
<u></u>	<u></u>	<u></u>
(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)
<u></u>	<u></u>	<u></u>
(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)

INVESTIGATIVE DETERMINATION: ☒ Founded ☐ Unfounded

OTHER RESIDENTS IN THE HOME: NA

NAME AND ADDRESS OF ALLEGED PERPETRATOR(S):

(Name) Phyllis Jennings
(Address) P.O. Box 458
State University, AR

This family ☐ has ☐ has not been referred to the local DCFS office for services. NA-perpetrator not in the home

NATURE AND EXTENT OF CHILD'S PREVIOUS INJURIES:

(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)
-----------------------	-------------------------------	------------

(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)
-----------------------	-------------------------------	------------

(Victim Child's Name)	(Types of Child Maltreatment)	(Severity)
-----------------------	-------------------------------	------------

Sincerely,

Kaye Beall
INVESTIGATOR

Craighead COUNTY
SPECIAL INVESTIGATIONS UNIT

CFS-328 (SIU)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
INVESTIGATIVE DETERMINATION NOTIFICATION

To: Deborah Woods
216 VanDyne, Apt. D, Jonesboro, AR 72401
Address

From: Kaye Beall, Special Investigations Unit
Craighead Co. DHS

Date: 12-17-93

RE: INVESTIGATIVE DETERMINATION NOTIFICATION
April Woods
CHILD(REN) INVOLVED

On 10-27-93, the Division of Children and Family Services received an allegation of suspected Child Maltreatment involving you and/or your child or a child with whose care you have been entrusted. The allegation stated that the incident occurred on or about the following date and time: 10-26-93. This letter is to inform you of the investigative determination of the suspected Child Maltreatment.

 There was no credible evidence of Child Maltreatment.

xx There was some credible evidence of Child Maltreatment.

If you disagree with the investigative determination checked above, you have thirty (30) days from the date of this memo to request an amendment of the information. See the publication "Child Protective Services: A Caretaker's Guide" (PUB-052) for additional information, or call your Service Worker Kaye Beall at 972-1732.

Kaye Beall

Kaye Beall
Investigator

CFS-312(SIU)

Arkansas Department of Human Services

INCIDENT REPORT

PURPOSE: This form is to be used not only to report client incidents but also when the incident involves DHS employee on the job, when a non-DHS person is injured on DHS property, and whenever there is a loss of DHS property.

TO: George Harmon / Apt 844 Date of Report 12.1.93
 FROM: Kaye Beall Title FSW II Time of Report 5:00 p.m.
 Person Making Report
 Office: Craighead Co. DHS 682-2276 Sheri Flynn
Special Investigations 972-1732 Kaye Beall

1. Type of Incident: ☐ Missing Client ☐ Theft/Vandalism ☐ Injury ☐ Disturbance ☐ Client Incident ☐ Death ☒ Other Lack of supervision / D.S. child
 Type of Report: ☐ Initial ☐ Follow-up ☒ Final

2. Exact Place, Time and Date of Incident:
 Place 10.26.93
Craighead Co DHS office Date 10.26.93 Time 1 p.m.

3. Subject of Report: ☐ Employee ☐ Client ☒ Other Specify
 Name April Woods
 DCS 4-11-92 Race/Sex 1/2 Resident County Craighead
 Initiating County NA
 Responsible Party Parent Next of Kin _____
 Address _____ Address _____

4. Name of other persons involved (Identify involvement, i.e., witness, participant, etc.)
 A. Woods April Child
 Last First Middle (Involved)
 Address 211 Wadsworth, Apt. D Telephone none
 B. Milam Sherry Witness
 Last First Middle (Involved)
 Address _____ Telephone 972-173
 C. Bookout Jill Witness
 Last First Middle (Involved)
 Address _____ Telephone 972-173
Phyllis Jennings DCS Homemaker
around on a stretcher

5. Details (Enter below a clear, concise statement explaining the essentials of who, what, when, where, how and why surrounding the incident listed above.)

Ms. Jennings left April in a parked vehicle on the parking lot at least 10 minutes while she went upstairs into the building.

(Continue on a separate sheet)

6. Extent of injury or property loss or damage (please be as specific as possible):

No injury

7. Could this incident have been prevented or anticipated? Yes ☐ No ☐
If yes, how?

N/A

8. Corrective action taken (to include preventative action plan) Initiation by SIU -
Corrective action taken by County

9. Outcome

Report founded

10. Notifications (name, agency and time)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

FOLLOW-UP WITH CHILD MALTREATMENT REPORTER

[REDACTED] [REDACTED]
() (No)

Craighead Co. DCFS

From: Kaye Beall, Special Investigations Unit

Craighead Co. DHS

Date: 12-17-93

RE: FOLLOW-UP WITH CHILD MALTREATMENT [REDACTED]

I. TO BE COMPLETED FOR ALL REPORTERS

We ☒ have ☐ have not conducted an investigation of the Child Maltreatment complaint involving April Woods that you reported on 10-27-93. I am authorized to inform you that the Division ☐ has ☒ has not offered services to the family involved in the investigation.

II. TO BE COMPLETED ONLY FOR MANDATED REPORTERS

For the above investigation, the allegations of Child Maltreatment were ☒ founded ☐ unfounded. This family ☐ has ☐ has not been referred to the local DCFS office for services. NA-Perpetrator is not in the home.

The information provided above is confidential and further disclosure is prohibited by law.

Thank you for your cooperation in reporting your suspicions of child maltreatment. If you have any questions, please feel free to contact me at 972-1732.

Kaye Beall
Investigator

Kaye Beall

CFS-307(SIU)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
NOTICE OF CHILD MALTREATMENT ALLEGATION

To: ☐ Mike Walden Prosecuting Attorney
☐ Jonesboro Police Dept. Law Enforcement Agency
From: ☐ Kaye Beall Special Investigations Unit
Craighead Co. DHS

Date: 10-29-93

RE: NOTICE OF CHILD MALTREATMENT ALLEGATION

As required by Arkansas Code Annotated 12-12-509, we are notifying you of the receipt of an allegation of severe maltreatment or other maltreatment allegations as specified below.

Arkansas Code Annotated 12-12-506 also specifies that information in the Child Maltreatment report is confidential and may be released only under conditions specified in Ark. Code Ann. 12-12-506.

Date of Allegation 10-27-93
Registry # 160745

Parents: Deborah Woods

Address: 216 VanDyne, Apt. D, Jonesboro, AR 72401

Child(ren):	<u>April Woods</u>	<u>4-11-92</u>	
		(DOB)	(DOB)
		(DOB)	(DOB)
		(DOB)	(DOB)

Alleged Perpetrator: Phyllis Jennings

Address: 409 Arkansas Hall ASU Phone: No phone

Allegation: Ms. Jennings left an eighteen-month old child alone in a car for a period of at least 20 minutes.

The results of our investigation will be forwarded to you as soon as it is completed.

CFS-310(SIU) Kaye Beall 972-1732 Investigator

File copy

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
INVESTIGATION REQUEST

To: Kaye Beall Special Investigations Unit
Craighead Co. DHS

From: Jonesboro Police Dept., Law Enforcement Agency
516 So. Church, Jonesboro, AR 72401

Date: 10-29-93

RE: INVESTIGATION REQUEST INVOLVING A CHILD(REN) IN DHS OR A
DHS EMPLOYEE'S CUSTODY

Victim's Name April Woods TFSR# 160745

PART I ASSIGNMENT OF THE INVESTIGATION

As requested, based on information contained in the attached Notice of Child Maltreatment Allegation (CFS-310), the statutory requirements and/or discussion with your staff, I have specified the action my office will take in the case referenced in the CFS-310.

- ☐ conduct the investigation
- ☐ jointly conduct the investigation with the assistance of the Special Investigations Unit's assigned investigator.
- ☐ supervise the Special Investigations Unit Investigator's conduct of the investigation.

Signature Date

PART II REVIEW OF SUPERVISED INVESTIGATION

☐ I certify that I have reviewed the attached investigation of alleged Child Maltreatment and have noted no evidence of bias or undue influence in the conduct of the investigation.

☐ I have reviewed the attached investigation of alleged Child Maltreatment and have noted the following deficiencies/areas still requiring investigation. My office will therefore conduct its own investigation of the allegations.

COMMENTS: _____

CFS-313(SIU)

Signature Date 95

File copy

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
SUSPECTED CHILD MALTREATMENT BY DEPARTMENT STAFF

To: Jonesboro Police Dept., Law Enforcement Agency

From: Kaye Beall, Special Investigations Unit

Date: 10-29-93

RE: SUSPECTED CHILD MALTREATMENT BY DEPARTMENT STAFF

Victim's Name April Woods TFSR# 160745

As required by Ark. Code Ann. 12-12-507(e), a Notice of Child Maltreatment Allegation (CFS-310) is being referred to your office for investigation and/or supervision of the investigation. The allegation is against Department staff or its agent and involves severe maltreatment.

Please designate on Part I of the attached CFS-313 your decision regarding the conduct of the investigation and return the form to my office. If you decide to supervise the conduct of the investigation by the Special Investigations Unit's Investigator, we will resubmit the CFS-313 and a copy of our investigation report to you for review and completion of Part II of the CFS-313.

The Special Investigations Unit's Investigator is:

<u>KAYE BEALL</u>	<u>SPECIAL INVESTIGATOR</u>	<u>972-1732</u>
NAME	POSITION	OFFICE PHONE NO.

If no investigator is specified above, my office will supply you with that information, as soon as it is possible.

Thank you for your cooperation.

Investigator

CFS-314(SIU)

Arkansas Department of Human Services

INCIDENT REPORT

PURPOSE: This form is to be used not only to report client incidents but also when the incident involves DHS employee on the job, when a non-DHS person is injured on DHS property, and whenever there is a loss of DHS property.

TO: Sonya Thomas / Slot 844
 FROM: Kaye Beall ASW II
Person Making Report Title
Craighead Co.
Office
Special Investigations

Date of Report 11-18-93

Time of Report na

→ Incident has been reported
 handled by co. office

1. Type of Incident: ☐ Missing Client ☐ Theft/Vandalism ☐ Injury ☐ Disturbance ☐ Client Incident ☐ Death ☒ Other alleged lack of supervision by homemaker
- Type of Report: ☒ Initial ☐ Follow-up ☐ Final

2. Exact Place, Time and Date of Incident: (subject report)
 Place 10. 26. 43 2:15 P.m. Arkansas Service Center
 Date _____ Time _____

3. Subject of Report: ☒ Employee ☒ Client ☒ Other Protective services child Specify
 Name April Woods
 DOB 4-11-92 Race/Sex W/F Resident County Craighead
 Initiating County Craighead
 Responsible Party Dillon Woods, parent Next of Kin _____
 Address 211 W. 1st St., Apt. 1 Address _____
Jonesboro

4. Name of other persons involved (Identify involvement, i.e., witness, participant, etc.)
- A. Tennings Phyllis Employee
Last First Middle (Involvement)
409 Arkansas Hall, Asu, P.O. Box 458, Jonesboro
Address Telephone
- B. Bookout Jill
Last First Middle (Involvement)
Craighead Co. DHS
Address Telephone
- C. Milam Sherry
Last First Middle (Involvement)
Craighead Co. DHS
Address Telephone 097

5. Details (Enter below a clear, concise statement explaining the essentials of who, what, when, where, how and why surrounding the incident listed above.) April Woods, 18 months old was left in the car for about 20 minutes unsupervised while the homemaker was in the DHS office.

(Continue on a separate sheet)

6. Extent of injury or property loss or damage (please be as specific as possible):

NA

7. Could this incident have been prevented or anticipated? Yes ☒ No ☐

If yes, how?

Could not have been anticipated by County Office. Employees could have taken the child in the region with her.

8. Corrective action taken (to include preventative action plan)

According to Area Mgr Willie Smith, employee was suspended for 10 days.

9. Outcome

10. Notifications (name, agency and time)

Notifications by Area mgr.

099

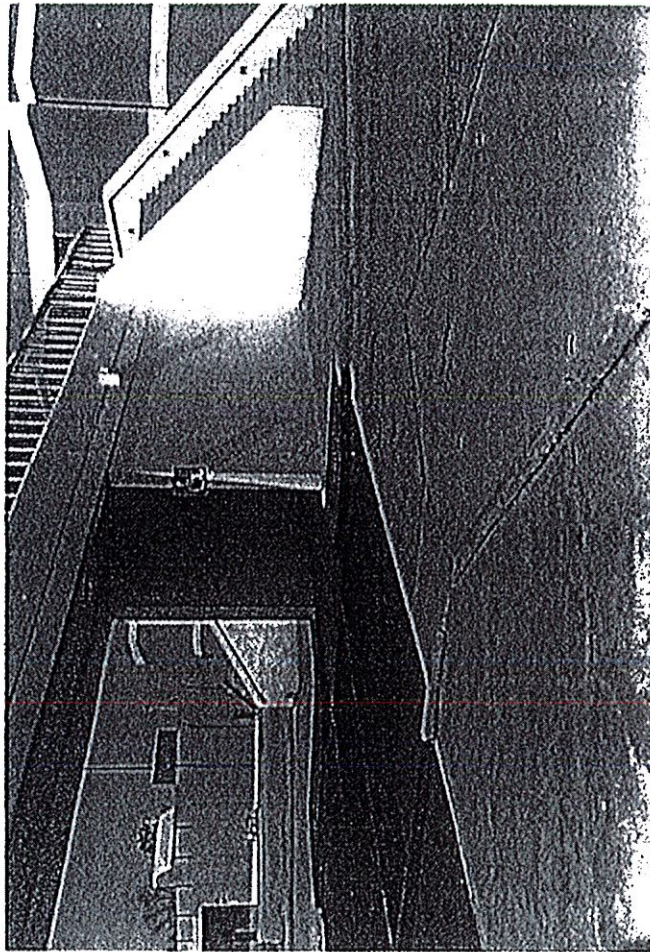
Child Own Casehead ☐

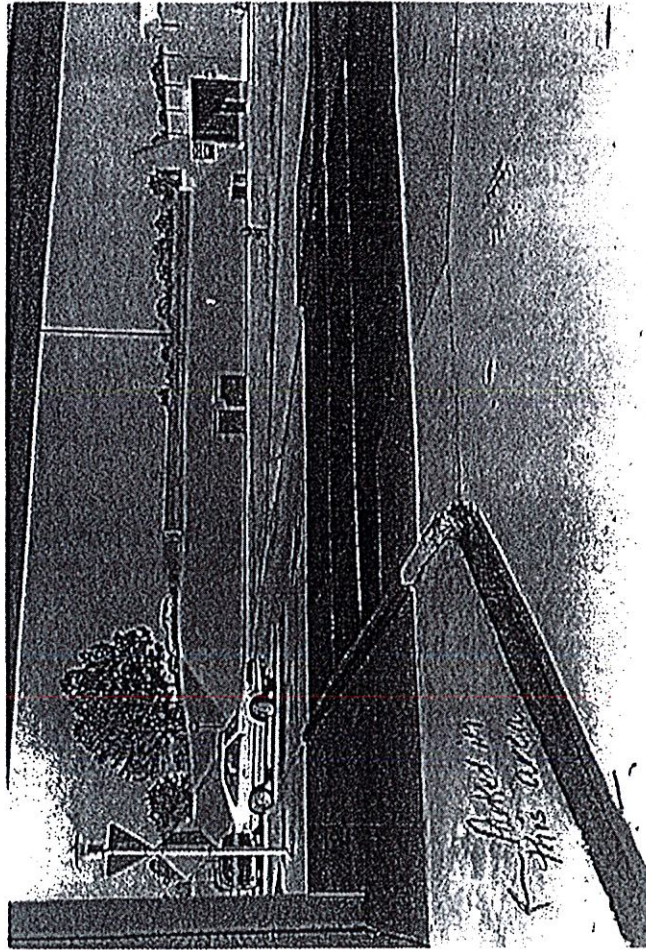
Address P.O. Box 458, Jonesboro

Phone Number _____

DISPOSITION Approved ☒ Denied ☐

10-28-93
Date





633677





DCFS
↓

